



## DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING  
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### DELAWARE BOARD OF PLUMBING EXAMINERS

APPLICATION FOR: **Licensed Plumber by:**

\_\_\_\_\_ Examination \_\_\_\_\_ Reciprocal License from the State of \_\_\_\_\_  
License # \_\_\_\_\_

List all State(s) where you have been granted licensure: \_\_\_\_\_

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#### SECTION A:

To be completed by all applicants: **PLEASE PRINT**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_  
(Street) (Apt. #)

— \_\_\_\_\_  
(City) (State) (Zip code)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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#### SECTION B:

To be completed by all applicants.

1. Do you have a journeyman's certificate issued by a registered apprenticeship program? \_\_\_\_\_ If yes, list name of school, address and attach a copy of the Certificate of Completion and your journeyman's card.

School/Program: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

#### Section C:

To be completed by all applicants.

List employer verifying your experience beginning with the most current. Verification of employment must be provided by Employer affidavit on forms enclosed. Applicants with a journeyman certificate are required to verify 2 years of experience. Applicants taking the Apprenticeship By-Pass Examination are required to verify 7 years of experience.

Employer	Address	Dates of employment
Employer	Address	Dates of employment

Employer	Address	Dates of employment
Employer	Address	Dates of employment
Employer	Address	Dates of employment
Employer	Address	Dates of employment
Employer	Address	Dates of employment

## SECTION D:

To be completed by all applicants.

Answer the following questions and provide any additional information requested.

1. Have you been the recipient of any administrative penalties regarding your practice as a Plumber in any jurisdictions such as fines, formal reprimands, license suspension or revocation (except for non-payment of fees), probationary limitations, or been a party to a 'consent agreement' containing conditions placed by a Board on your professional conduct and practice including any voluntary surrender of a license?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is 'yes', you must provide the documentation of any regulatory Board action for review by the Delaware Board of Plumbing Examiners.

2. Have you ever been convicted of a felony? Yes\_\_\_\_\_No\_\_\_\_\_
3. Have you ever had or do you now have any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you have previously been or are currently licensed or registered? Yes\_\_\_\_\_No\_\_\_\_\_

**Please note: When your application is complete, please allow 4-8 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.**

**AFFIDAVIT**

County of \_\_\_\_\_ )  
 ) SS.  
 State of \_\_\_\_\_ )

I, \_\_\_\_\_, the applicant named herein, do declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

I hereby consent to the release of any information by any person having such information to the Board of Plumbing Examiners regarding my education, background or

qualifications to be licensed as a plumber and understand that such information shall be used by the Board of Plumbing examiners in consideration of my applications to practice as a plumber in Delaware. I hereby release and hold harmless from liability any persons who in good faith provide any such information to the Delaware Board of Plumbing Examiners

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Applicant Signature

Sworn or affirmed before me a Notary Public this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

My commission expires on \_\_\_\_\_.

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Notary Public

**Note: It is a violation of the Board's Law to engage or knowingly cooperate in fraud or material deception in order to become licensed, 24 Del.C., § 1810(a)(1).**

5/2004